



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF REGULATORY BOARDS
LOCKSMITH LICENSING PROGRAM
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
NASHVILLE, TENNESSEE 37243-0570
615.532.3369 FAX 615.532.2965
www.tn.gov/commerce/boards

FOR OFFICIAL USE ONLY

File #

Xact #

LOCKSMITH COMPANY APPLICATION

Instructions: Please read this entire application carefully. Complete **all** sections before returning with the appropriate required fees to the above address. Please note: **application fees are not refundable.** Submit additional information for any item on a separate sheet of paper.

1. GENERAL INFORMATION:

Company Name (the name under which your company will be registered)

Business Address (principle place of business)

City State ZIP Code

Mailing Address (if different than physical location)

City State ZIP Code

Area Code and Telephone Number FAX Number Company Web Page Address and E-MAIL Address

a. Does the business have branch offices in Tennessee?

Yes ☐ No ☐

Attach an additional sheet of paper listing all branch offices. Include the name of the locksmith qualifying agent or branch manager, physical and mailing address, phone number, fax number and E-mail address (If available) for all branch office(s).

2. OWNERSHIP INFORMATION:

a. Is this company a Sole Proprietorship?

Yes ☐ No ☐

If yes, provide the following information:

Owner's Last Name, First Name, Middle Initial Social Security Number
Has the owner applied for or been issued a Tennessee Locksmith License? Yes ☐ No ☐

b. Is this company a Partnership?

Yes ☐ No ☐

If yes, provide the following information for both partners:

Last Name, First Name, Middle Initial Social Security Number
Has this individual applied for or been issued a Tennessee Locksmith License? Yes ☐ No ☐

Last Name, First Name, Middle Initial Social Security Number
Has this individual applied for or been issued a Tennessee Locksmith License? Yes ☐ No ☐

c. Is this company a Corporation, LLC, LP or LLP?

Yes ☐ No ☐

If yes, provide the following information:

CORPORATION, LLC, LP, OR LLP INFORMATION:

Legal Name of Corporation (please provide the exact name that appears on the documentation) _____ Date of Incorporation _____

Mailing Address of Corporation Headquarters _____ Date Qualified to do Business in Tennessee _____

City _____ State _____ ZIP Code _____

Area Code and Telephone Number _____ FAX Number _____ Company Web Page Address and E-MAIL Address (If Available) _____

CORPORATE OFFICER INFORMATION: List below the principal corporate officer(s).

1) _____
 Last First Middle Initial

 Social Security Number Date of Birth (M/D/Y)

 Office Held in the Corporation

 Residential Address

 City State ZIP Code

 Home Phone# E-mail address (If Available)

 Current Occupation/Employer Dates [From Yr - To Yr]

 Previous Occupation/Employer Dates [From Yr - To Yr]

2) _____
 Last First Middle Initial

 Social Security Number Date of Birth (M/D/Y)

 Office Held in the Corporation

 Residential Address

 City State ZIP Code

 Home Phone# E-mail address (If Available)

 Current Occupation/Employer Dates [From Yr - To Yr]

 Previous Occupation/Employer Dates [From Yr - To Yr]

3) _____
 Last First Middle Initial

 Social Security Number Date of Birth (M/D/Y)

 Office Held in the Corporation

 Residential Address

 City State ZIP Code

 Home Phone# E-mail address (If Available)

 Current Occupation/Employer Dates [From Yr - To Yr]

 Previous Occupation/Employer Dates [From Yr - To Yr]

4) _____
 Last First Middle Initial

 Social Security Number Date of Birth (M/D/Y)

 Office Held in the Corporation

 Residential Address

 City State ZIP Code

 Home Phone# E-mail address (If Available)

 Current Occupation/Employer Dates [From Yr - To Yr]

 Previous Occupation/Employer Dates [From Yr - To Yr]

4. **LOCKSMITH QUALIFYING AGENT INFORMATION** (person immediately responsible for operation of business):
(This individual must have been issued a Tennessee Locksmith License prior to issuance of the Company Registration.)

Last Name First Name Middle Name Locksmith License Number

Social Security Number Date of Birth (M/D/Y) E-MAIL Address (If Available)

Current Residence Address

City State ZIP Code Area Code and Telephone Number

Current Occupation/Employer Dates [From Yr - To Yr]

Current Occupation/Employer Dates [From Yr - To Yr]

5. Have you read the Tennessee statutes pertaining to the Locksmith Licensing Program and the corresponding Administrative Rules and do you understand your responsibilities? Yes ☐ No ☐

I HAVE ENCLOSED: (**Required for Processing**)

- ☐ Acceptable Identification (Locksmith Licensee - Qualifying Agent and Owner).
- ☐ The Required Application Fees.
- ☐ Proof of General Liability Insurance: Attach a current Certificate of Insurance as evidence of coverage.
- ☐ Proof of valid business license for each business entity for the county and city in which the business is located.
- ☐ Affidavit regarding any persons or others with ten percent (10%) or greater interest in company.

STATEMENT OF COMPLIANCE AND UNDERSTANDING:

NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned applicant, do hereby authorize the *Tennessee Department of Commerce and Insurance, Division of Regulatory Boards, Locksmith Licensing Program* to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of certification, licensure or registration by this agency for the purpose of investigating my credit references, and any workplace misconduct or criminal activity for which I am alleged to have been involved in.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications, personal references, personal interviews, my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Tennessee Department of Commerce and Insurance, including but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that any false statement(s) and/or misrepresentations(s) given by me on this application or on any attachments will be punishable under **Tenn. Code Ann. § 62-11**. Therefore, I certify that all answers, statements, and information given herein and on any attachments, are true and correct to the best of my knowledge and belief.

(Owner Applicant Signature)

(Date Signed)

(Owner Applicant Signature)

(Date Signed)

(Locksmith Qualifying Agent Signature)

(Date Signed)



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LOCKSMITH COMPANY - APPLICANT INSTRUCTIONS

REMOVE THIS PAGE BEFORE SUBMITTING APPLICATION - RETAIN THIS INFORMATION FOR YOUR RECORDS

Application Fee: \$ 100.00
Registration Fee: \$ 50.00
ID Card: \$ 25.00

Total Fees: \$ 175.00

- Read and complete each portion of this application carefully.
- Applications submitted without required documents will not be processed until all required materials are submitted.
- All required supporting documents must be included with your application, any application which lacks required information or reflects a failure to meet any requirement for registration will only be held in a "pending" status for sixty (60) days. If the applicant fails to respond by submitting the required documents, fees, or information within sixty (60) days of any notice from this office, the application will be closed.
- If you fail to respond to any correspondence from this office, your application will be closed or denied.
- It is your responsibility to know and understand the laws and rules regulating locksmiths in the State of Tennessee.

❖ **A Locksmith Company shall maintain at least one (1) business office within the State of Tennessee.**

If your company does not maintain a business office within the State of Tennessee please refer to **Administrative Rule 0780-05-13-.13(5)(f)** for additional information regarding requirements for business entities located in other states.

❖ **"Qualifying Agent"** means any person **licensed by the Commissioner as a locksmith** who is immediately responsible for the operation of a Locksmith Company.

DOCUMENTS TO BE INCLUDED WITH APPLICATION

- **Acceptable Identification:** Which includes at least one (1) of the following:
 1. **A driver's license or non-driver's license** issued by the State DMV; or
 2. **A valid passport;** or
 3. **A resident alien card or green card;** or
 4. **A license or permit** issued by a government agency; or
 5. If the applicant is a city, state, or federal employee, **an employee identification card.**
- **A Locksmith Company application completed in its entirety:** The application shall be completed by the owner and Qualifying Agent "Locksmith" applicant.
- **Proof of a valid business license** for each business entity for the county and city in which the business is located, or proof of employment by an association, corporation, partnership, institution, or government agency exempt from paying privilege taxes under title 67, chapter 4 and a notarized statement that no locksmithing services are being offered directly to the public.
- **Proof of General Liability Insurance:** In accordance with **Tenn. Code Ann. § 62-11-108**, attach a current Certificate of Insurance as evidence of coverage of a general liability policy.
- **If Company is a Corporation:** Documentation from the **Tennessee Secretary of State** showing the corporation is qualified to do business in this state.
- **Required Affidavit:** Refer to **Tenn. Code Ann. § 62-11-111(b):** Locksmith Company Applicants must disclose any and all persons, firms, associations, corporations, or other entities that own or control ten percent (10%) or greater interest in this business. **The applicant shall also submit an affidavit accompanying the application stating whether or not any of the persons, associations, corporations, or other entities with a ten percent (10%) or greater interest in the locksmith company have been convicted of a felony.** In the event that any such individual or entity has been convicted of a felony the commissioner may deny the application.